

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$1100.00 for date of service, 08/14/01.
- b. The request was received on 06/17/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB(s)
 - d. Carrier retrospective audit, dated 05/03/02
 - e. Letter of medical necessity, dated 06/06/02
 - f. Medical records
 - g. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 08/12/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - h. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 08/12/02. There is an initial Carrier response dated 06/14/02 but no Carrier 14 day response to this medical fee dispute in the file. It appears the Carrier has responded to a medical fee dispute initiated by a different Requestor.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No response statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/14/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$1,100.00 for services rendered on the date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date above and denied reimbursement as "A PREAUTHORIZATION REQUIRED BUT NOT OBTAINED".
5. Carrier's retrospective audit, dated 05/03/02 states, "Preauthorization was not obtained as required by TWCC Rule 134.600."
6. The Requestor's letter of medical necessity states, " This patient evaluated on August 14, 2001 at my clinic. The patient came complaining of severe lower back pain, with radiation into the right lower extremity, in conjunction with weakness. He had undergone an MRI of the lumbar spine back on June 14, 2001." The Requestor continues "...an MRI of the lumbosacral spine was requested to be done on a STAT basis after discussion with (treating physician) regarding the patient's condition. On physical examinations performed by (treating physician) on 07-09-01, there was minimal to moderate tenderness to palpation along the lumbosacral paraspinus, and mild tenderness over the sciatic notch. He did not have any weakness on this examination..."
7. Per the Requestor's Table of Disputed Services, the amount in dispute is \$1,100.00 for services rendered on the date of service in dispute above.
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/14/01	72148 WP 22	\$1100.00	\$0.00	A	\$168.00 PC \$756.00 TC	TWCC Rule 134.600 (b) (1) (A); TWCC Rule 133.1 (a) (7) (A); Radiology GR (II) (C) (3); CPT Descriptor	<p>The Carrier paid the Requestor \$0.00 for services rendered on these dates and denied any reimbursement as "A PREAUTHORIZATION REQUIRED BUT NOT OBTAINED."</p> <p>Pursuant to TWCC Rule 134.600 (b) (1) (A) the carrier is "...liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury: (A) an emergency, as defined in §133.1 of this title (relating to Definitions);</p> <p>TWCC Rule 133.1 (a) (7) (A) states, "...a medical emergency consist of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health and/or bodily functions in serious jeopardy, and/or serious dysfunction of any body organ or part."</p> <p>The Requestor's letter of medical necessity indicates "Severe lower back pain, with radiation into the right lower extremity, in conjunction with weakness." The Requestor also states a physical examination performed by the treating physician on 07/09/01 did not reveal severe pain and weakness. Therefore, it would appear to be a significant change in the claimant's physical condition that would meet the criteria of Rule 133.1. Reimbursement in the amount of \$924.00 (MAR value) is recommended.</p>
Totals		\$1,100.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$924.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$924.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt